

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 27, 2004

ALL COUNTY INFORMATION NOTICE NO.I-67-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CalWORKs PROGRAM SPECIALIST

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CalWORKS) LEARNING DISABILITIES (LD) INFORMATION

REFERENCE: WELFARE AND INSTITUTIONS (W&I) CODE SECTION 11325.4
ALL COUNTY LETTER (ACL) NOS. 01-70, 02-13, 02-35, 02-64, AND
02-88; ALL COUNTY INFORMATION NOTICE (ACIN) 1-16-02

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☒ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

The purpose of this letter is to provide County Welfare Departments with the revised Form WTW 20, Permission to Release Learning Disabilities Information. While not the intent of the waiver, the previous version only specified the release of information related to an individual's learning disability evaluation. For clarity, changes were made to the form at the request of counties, so that the waiver also included screening, evaluation, and diagnosis information.

CAMERA-READY COPIES AND TRANSLATIONS

For a camera-ready copy of English and Spanish forms, please contact the Forms Management Unit (FMU) at (916) 657- 2908. If your office has internet access, you may obtain these forms from the California Department of Social Services (CDSS) webpage at: http://www.dss.cahwnet.gov/cdssweb/On-lineFor_271.htm. For counties with access to the CDSS restricted website for forms and Notices of Action (NOAs), you can access NOAs at www.cdsscounties.ca.gov. If your county does not have a login and password, you can obtain them by calling Laura Ammons at (916) 657-3401.

As soon as translations are completed, they are posted at the Language Services website. Copies of the translated forms and publications can be obtained from the CDSS webpage at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm. For any questions on translated materials or to request a copy of a translated form or message, please contact Language Services at (916) 445-6778.

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Your County Forms Coordinator is to distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

If you have any questions regarding Form WTW 20, please contact Michael Lipkin, Program Analyst, Employment Bureau, at (916) 653-5216, or emailing him at Michael.Lipkin@dss.ca.gov.

Sincerely,

CHARR LEE METSKER
Acting Deputy Director
Welfare to Work Division

Attachment

c: CWDA
CSAC

PERMISSION TO RELEASE LEARNING DISABILITIES INFORMATION

PARTICIPANT'S NAME

SOCIAL SECURITY NUMBER

I understand that I do not have to let others know about a disability that I may have, and I can volunteer this information whenever I want.

Check the boxes for which the participant voluntarily gives his/her permission:

☐**RELEASE OF INFORMATION TO COUNTY WELFARE DEPARTMENT**

(Place copy in the case file; send original to the Provider/Source)

I give permission for the _____ County Welfare Department to receive a copy of any screening, evaluation, diagnosis, and/or accommodations information on me about possible learning disabilities. This information can only be used to develop or change my Welfare-to-Work plan and/or to see what accommodations and services I may need to participate in an education, job training, and/or work activity. The county will not tell any employer about my disability without my separate written permission.

NAME OF COUNTY

☐**RELEASE OF INFORMATION FROM COUNTY WELFARE DEPARTMENT**

(Place original in the case file)

I give permission for the _____ County Welfare Department to

NAME OF COUNTY

release screening, evaluation, diagnosis, and/or accommodations information about learning disabilities I may have. This information can only be used to develop or change my Welfare-to-Work plan and/or determine helpful accommodations and services I may need in educational, job training, or work settings.

The County Welfare Department may release the information to *(check all that apply)*:

☐ _____, who will be testing me for possible learning disabilities

NAME OF LEARNING DISABILITIES EVALUATOR

☐ New County Welfare Department if I move to another county

☐ State and/or local employment training and/or job training agencies that are noted below
(check all that apply):

☐ Employment Development Department

☐ Local One-Stop Center

☐ Local Workforce Investment Area Agency

☐ Department of Rehabilitation

☐ Local, state, or private college *(specify)*: _____

☐ Other *(specify)*: _____

PARTICIPANT'S SIGNATURE

I understand that:

- This information is needed to comply with Title II of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Welfare and Institutions Code Section 11325.4.
- This information will be kept confidential in the case file and will not be disclosed without my signed consent for each disclosure unless the disclosure is specifically required or allowed by law.
- This permission form, except for action already taken, may be canceled by me at any time. If I do not cancel this form, it will end one year from the date of my signature.

I have read this form (or had it read to me) after it was completed and before I signed it. I know I can get a copy of this form if I ask for it.

PARTICIPANT'S SIGNATURE

TODAY'S DATE